



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group Code	<u>0380</u>	<u>0380</u>	NAIC Company Code	<u>96202</u>	Employer's ID Number	<u>52-1358219</u>
	(Current)	(Prior)				
Organized under the Laws of	<u>District of Columbia</u>			State of Domicile or Port of Entry	<u>DC</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified? Yes [] No [X]						
Incorporated/Organized	<u>06/22/1984</u>			Commenced Business	<u>03/01/1985</u>	
Statutory Home Office	<u>840 First Street, NE</u>			<u>Washington, DC, US 20065</u>		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>10455 Mill Run Circle</u>					
	(Street and Number)					
	<u>Owings Mills, MD, US 21117</u>			<u>410-581-3000</u>		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	<u>10455 Mill Run Circle</u>			<u>Owings Mills, MD, US 21117</u>		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>10455 Mill Run Circle</u>					
	(Street and Number)					
	<u>Owings Mills, MD, US 21117</u>			<u>410-998-7011</u>		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	<u>www.carefirst.com</u>					
Statutory Statement Contact	<u>William Vincent Stack</u>			<u>410-998-7011</u>		
	(Name)			(Area Code) (Telephone Number)		
	<u>bill.stack@carefirst.com</u>			<u>410-998-6850</u>		
	(E-mail Address)			(FAX Number)		

OFFICERS

President and Chief Executive Officer	<u>Brian David Pieninck #</u>	Corp. Treasurer & VP	<u>Jeanne Ann Kennedy</u>
Corp. Secretary, Exec. VP & Gen. Counsel	<u>Meryl Davis Burgin</u>		

OTHER

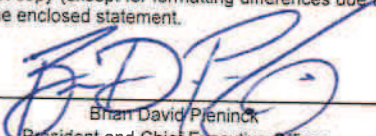
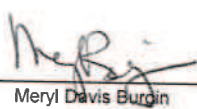
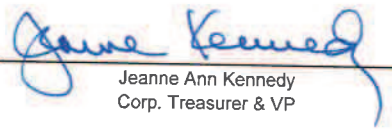
<u>Gregory Mark Chaney, EVP & CFO</u>	<u>Stacia Anne Cohen #, EVP, Medical Affairs</u>	<u>David Jeffrey Corkum, EVP, Large Group SBU</u>
<u>John David Kaercher #, EVP, Chief Information Officer</u>	<u>Rose Vartuhi Megian, EVP, Small and Medium Group SBU</u>	<u>Wanda Kay Oneferu-Bey, EVP, Consumer Direct & Government Programs SBU</u>
<u>Maria Harris Tildon #, EVP, Mktg Comm & Ext Affairs</u>	<u>Jennifer Ann Cryor Baldwin, SVP, Patient Centered Medical Home (PCMH)</u>	<u>Peter Andrew Berry, SVP, Chief Actuary</u>
<u>Stacey Rae Breidenstein #, SVP, Networks Management</u>	<u>Vickie Shennay Cosby #, SVP, Consumer Direct SBU</u>	<u>Sandra Anne Dilworth #, SVP, IT Operations</u>
<u>Andrew James Fitzsimmons #, SVP, Chief Informatics Officer</u>	<u>Melvyn Melson Greene #, SVP, FEP Local Operations</u>	<u>Jonathan Nahm Kromm #, SVP, Mktg & Comm</u>
<u>Usha Nakhasi, SVP, Gen Mgr SBPASC/FEPOC</u>	<u>Kenneth Patrick Sullivan #, SVP, IT Applications</u>	<u>Michelle Judith Wright, SVP, Human Resources</u>

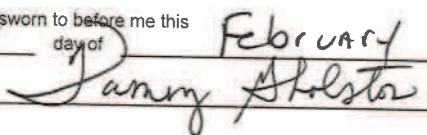
DIRECTORS OR TRUSTEES

<u>Jeffrey Peter DiLisi #</u>	<u>Wendell Lee Johns</u>	<u>Ann Baldwin Mech</u>
<u>Brian David Pieninck #</u>	<u>John Frederick Reim</u>	

State of Maryland SS:
County of Baltimore

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Brian David Pieninck President and Chief Executive Officer	 Meryl Davis Burgin Corp. Secretary, Exec. VP & Gen. Counsel	 Jeanne Ann Kennedy Corp. Treasurer & VP
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Subscribed and sworn to before me this 25 day of February


- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



10-02-2019
My Commission Expires

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CaremarkPCS Health, LLC	82,915,264	0	0	0	0	82,915,264
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	82,915,264	0	0	0	0	82,915,264
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	4,284,529	0	0	0	4,284,529	0
0299999. Total Claim Overpayment Receivables	4,284,529	0	0	0	4,284,529	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	40,662,400	0	0	0	0	40,662,400
0399999. Total Loans and Advances to Providers	40,662,400	0	0	0	0	40,662,400
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	127,862,193	0	0	0	4,284,529	123,577,664

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	72,749,807	0	0	82,915,264	72,749,807	72,749,807
2. Claim overpayment receivables	5,304,535	0	0	4,284,529	5,304,535	5,304,535
3. Loans and advances to providers	29,275,800	0	0	40,662,400	29,275,800	29,275,800
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	107,330,142	0	0	127,862,193	107,330,142	107,330,142

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		District of Columbia		2018							NAIC Company Code	
		Comprehensive (Hospital & Medical)									96202	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	85,565	5,427	79,998	0	0	140	0	0	0	0	
2.	First Quarter	86,743	5,446	81,132	0	0	165	0	0	0	0	
3.	Second Quarter	87,356	5,075	82,105	0	0	176	0	0	0	0	
4.	Third Quarter	87,756	4,802	82,773	0	0	181	0	0	0	0	
5.	Current Year	88,947	4,410	84,342	0	0	195	0	0	0	0	
6.	Current Year Member Months	1,049,374	60,426	986,881	0	1	2,066	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	494,050	22,283	471,767	0	0	0	0	0	0	0	
8.	Non-Physician	411,316	20,553	390,763	0	0	0	0	0	0	0	
9.	Total	905,366	42,836	862,530	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	13,296	943	12,353	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	3,844	206	3,638	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	462,554,504	18,554,926	443,769,840	0	16,707	213,031	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	447,582,048	18,554,926	428,797,384	0	16,707	213,031	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	349,427,868	18,688,120	330,544,432	0	103,600	91,716	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	350,956,035	18,457,100	332,300,180	0	103,600	95,155	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Maryland		2018							NAIC Company Code 96202	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	486,232	140,594	276,475	0	604	30	68,529	0	0	0	
2.	First Quarter	472,331	118,236	285,143	0	558	26	68,368	0	0	0	
3.	Second Quarter	465,391	111,909	284,129	0	568	40	68,745	0	0	0	
4.	Third Quarter	462,419	107,950	284,520	0	596	37	69,316	0	0	0	
5.	Current Year	461,733	103,346	288,235	0	400	16	69,736	0	0	0	
6.	Current Year Member Months	5,614,254	1,361,420	3,418,940	0	6,586	360	826,948	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	2,992,398	768,859	1,679,384	0	0	0	544,155	0	0	0	
8.	Non-Physician	2,341,089	636,062	1,292,079	0	0	0	412,948	0	0	0	
9.	Total	5,333,487	1,404,921	2,971,463	0	0	0	957,103	0	0	0	
10.	Hospital Patient Days Incurred	102,137	30,578	53,830	0	0	0	17,729	0	0	0	
11.	Number of Inpatient Admissions	25,136	6,914	13,991	0	0	0	4,231	0	0	0	
12.	Health Premiums Written (b)	2,731,704,755	801,786,340	1,508,867,439	0	73,756	328,891	420,648,329	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	2,716,481,189	801,787,116	1,487,737,290	0	73,756	328,891	426,554,136	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	2,070,731,777	591,941,440	1,089,498,070	0	55,656	223,940	389,012,671	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	2,073,653,456	588,033,785	1,094,237,438	0	55,656	232,037	391,094,540	0	0	0	

(a) For health business: number of persons insured under PPO managed care products4 and number of persons insured under indemnity only products407 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	96202	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	84,851	8,296	76,236	0	54	265	0	0	0	0	
2.	First Quarter	83,931	8,127	75,489	0	50	265	0	0	0	0	
3.	Second Quarter	83,072	7,520	75,225	0	50	277	0	0	0	0	
4.	Third Quarter	81,195	7,122	73,772	0	0	301	0	0	0	0	
5.	Current Year	79,558	6,653	72,450	0	0	455	0	0	0	0	
6.	Current Year Member Months	989,436	90,973	894,501	0	300	3,662	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	513,496	60,334	453,162	0	0	0	0	0	0	0	
8.	Non-Physician	344,467	42,842	301,625	0	0	0	0	0	0	0	
9.	Total	857,963	103,176	754,787	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	15,010	2,254	12,756	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	4,206	626	3,580	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	466,723,702	78,182,749	388,370,762	0	2,054	168,137	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	449,713,753	78,182,781	371,360,781	0	2,054	168,137	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	346,020,970	57,722,272	288,107,424	0	70,529	120,745	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	346,100,301	57,857,602	288,049,881	0	70,529	122,289	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		(LOCATION)		2018		NAIC Company Code		96202	
0380		1		Comprehensive (Hospital & Medical)		4		5		6		7		8	
		2		3											
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan	
														Title XVIII Medicare	
														Title XIX Medicaid	
														Other	
Total Members at end of:															
1. Prior Year	656,648	154,317	432,709	0	658	435	68,529	0	0	0					
2. First Quarter	643,005	131,809	441,764	0	608	456	68,368	0	0	0					
3. Second Quarter	635,819	124,504	441,459	0	618	493	68,745	0	0	0					
4. Third Quarter	631,370	119,874	441,065	0	596	519	69,316	0	0	0					
5. Current Year	630,238	114,409	445,027	0	400	666	69,736	0	0	0					
6. Current Year Member Months	7,653,064	1,512,819	5,300,322	0	6,887	6,088	826,948	0	0	0					
Total Member Ambulatory Encounters for Year:															
7. Physician	3,999,944	851,476	2,604,313	0	0	0	544,155	0	0	0					
8. Non-Physician	3,096,872	699,457	1,984,467	0	0	0	412,948	0	0	0					
9. Total	7,096,816	1,550,933	4,588,780	0	0	0	957,103	0	0	0					
10. Hospital Patient Days Incurred	130,443	33,775	78,939	0	0	0	17,729	0	0	0					
11. Number of Inpatient Admissions	33,186	7,746	21,209	0	0	0	4,231	0	0	0					
12. Health Premiums Written (b)	3,660,982,961	898,524,015	2,341,008,041	0	92,517	710,059	420,648,329	0	0	0					
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned	3,613,776,990	898,524,823	2,287,895,455	0	92,517	710,059	426,554,136	0	0	0					
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services	2,766,180,615	668,351,832	1,708,149,926	0	229,785	436,401	389,012,671	0	0	0					
18. Amount Incurred for Provision of Health Care Services	2,770,709,792	664,348,487	1,714,587,499	0	229,785	449,481	391,094,540	0	0	0					

(a) For health business: number of persons insured under PPO managed care products 4 and number of persons insured under indemnity only products 407 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

SCHEDULE S - PART 1 - SECTION 2

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
53007	53-0078070	01/01/2007	Group Hospitalization and Medical Services, Inc.	DC	LRS/L/G	CMM	12,500	0	0	0	0	0	0
47058	52-1385894	01/01/2007	CareFirst of Maryland, Inc.	MD	LRS/L/G	CMM	12,500	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							25,000	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							25,000	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							25,000	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							25,000	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							25,000	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							25,000	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							25,000	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	25	25	4,093	6,427	4,266
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	0	1,551	45,939	105,567	35,879
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	7,302	9,901	4,620
8. Reinsurance recoverable on paid losses	204	5,808	68,466	86,381	31,259
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	824,592,848	0	824,592,848
2. Accident and health premiums due and unpaid (Line 15)	115,688,079	0	115,688,079
3. Amounts recoverable from reinsurers (Line 16.1)	204,148	(204,148)	0
4. Net credit for ceded reinsurance	XXX	204,148	204,148
5. All other admitted assets (Balance)	273,323,832	0	273,323,832
6. Total assets (Line 28)	1,213,808,907	0	1,213,808,907
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	184,910,604	0	184,910,604
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	65,335,295	0	65,335,295
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	242,507,830	0	242,507,830
15. Total liabilities (Line 24)	492,753,729	0	492,753,729
16. Total capital and surplus (Line 33)	721,055,178	XXX	721,055,178
17. Total liabilities, capital and surplus (Line 34)	1,213,808,907	0	1,213,808,907
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	204,148		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	204,148		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	204,148		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation
N/A	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
1.	An extension was granted by the state of domicile to file on 4/15/2019.	
11.		
12.		
13.	Not applicable. Company does not have 100 or more stockholders.	
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

Bar Codes:		
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12.	Life Supplement [Document Identifier 205]	
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



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